

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH
OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

**APPLICATION FOR CERTIFICATION OF INDIVIDUALS PROVIDING
ASBESTOS CONSULTATION SERVICES**

1. **TYPE OF APPLICATION:** ☐ Initial ☐ Renewal ☐ Amendment

If Renewal or Amendment, current certificate number(s):

AAC – _____

2. APPLICANT:

Name: _____ Social Security No: _____

Firm: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. ASBESTOS CONSULTATION SERVICES REQUESTED:

(Check ALL applicable items)

- ☐ Asbestos Inspection Services [D.4.2 (b) (4)]
☐ Asbestos Project Designer Services [D.4.2 (b) (5)]
☐ Asbestos Management Planner Services [D.4.2 (b) (6)]
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4. DOCUMENTATION OF REQUIRED TRAINING:

Attach original or certified copy of certificate(s) indicating successful completion of all required training for each consultation service requested. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course. Renewal applications should only include original or certified copies of certificates for training courses not already on file with the Agency.

5. CERTIFICATION/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds an asbestos consultant certificate or other authorization to perform asbestos consultation. Attach copies of all such certificates and/or authorizations.

6. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

A. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos consultant certificate and/or other authorization to perform asbestos consultation held by the applicant?

() Yes () No

If Yes, provide details.

B. Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant?

() Yes () No

If Yes, provide details.

7. CERTIFICATE: (This item must be completed by applicant)

I certify that I have read and understand the Rhode Island Rules and regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Rhode Island Rules and Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. I further certify that my certification or other authorization to perform asbestos consultation has not been suspended or revoked by any federal, state or local jurisdiction except as noted in Item 6.

By: _____
(Signature)

Date: _____

8. FEES:

The following fee(s) must accompany the application:

___ Initial area to be certified with this application @ \$150.00

___ Additional area(s) to be certified with this application @ \$75.00

TOTAL FEE(S) SUBMITTED: \$ _____

Completed application and fee(s) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill Room 206
Providence, RI 02908-5097
(401) 222-3601**